BEST AVAILABLE CODY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

[0 0 4 5 7 4

57 14 16 5 10 10 138 25

CLAIMS AS FILED - PART (Column 1)						(Column 2)		SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS 49							1	RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		l	BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			4 9 minus 20=		. 29			X\$ 9=		OR	X\$18=	525.00
IND	EPENDENT CL	AIMS	3 minus 3 =		0			X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=	
* If the difference in column 1 is less than zero, en					r *0* in c	olumn 2		TOTAL		OR	TOTAL	1252
	C	LAIMS AS A	MENDED - PART II					·			OTHER	
(Column 1)			(Colum			(Column 3)		SMALL	-	OR	SMALL	ENTITY
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total .	· 49	Minus	**		=	\cap	X\$ 9=		OR	X\$18=	
	Independent	* 3	Minus	***	CL AUA	<u> </u>	↓ I	X42=		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=		OPt	+280=	
								TOTAL ADDIT, FEE		OR	ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		PIGH NUM PREVI PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	##		=		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***	2. 2	=	11	X42=		OR	X84=	
L	FIRST PRESE	NTATION OF MI	JUTIPLE DEP	PENDEN	CLAIM		J	+140=		OR	+280=	
								TOTAL ODIT, FEE		OR	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		<u> - </u>	11	X42=		OR	X84=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	146			.000	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+280≃ ************************************	
**	If the "Highest Nu	mber Previously Pa mber Previously Pa	aid For IN THIS	S SPACE I	s less that	n 20, enter "20).* A	DOIT. FEE		OR ,	TOTAL ADDIT. FEE	
		nber Previously Pa					er four	nd in the app	ropriate box	in col	umn 1.	